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CONFIRMATION NO. 6319

Bib Data Sheet

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|---|---|-----------------------------------|---|--|------------------------------------|
| SERIAL NUMBER 10/071,953 | FILING OR 371(c) DATE 02/05/2002 RULE | CLASS 601 | GROUP ART UNIT 3737 | ATTORNEY DOCKET NO. 20563/2112 | |
| APPLICANTS Robert A. Rabiner, North Reading, MA; Bradley A. Hare, Chelmsford, MA; | | | | | |
| ** CONTINUING DATA ***** This application is a CIP of 09/975,725 10/11/2001 PAT 6,695,782 which is a CIP of 09/625,803 07/26/2000 which claims benefit of 60/157,824 10/05/1999 and claims benefit of 60/225,060 08/14/2000 | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 03/12/2002 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials | | STATE OR COUNTRY MA | SHEETS DRAWING 14 | TOTAL CLAIMS 77 | INDEPENDENT CLAIMS 4 |
| ADDRESS 26161 | | | | | |
| TITLE Apparatus and method for treating gynecological diseases using an ultrasonic medical device operating in a transverse mode | | | | | |
| FILING FEE RECEIVED 1048 | FEES: Authority has been given in Paper No. <u> </u> to charge/credit DEPOSIT ACCOUNT No. <u> </u> for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <u> </u> <input type="checkbox"/> Credit | | |